

2023 Tax Organizer Personal Information

Personal Information

	Name	SSN	Has IP PIN	Date of Birth
Taxpayer			<input type="checkbox"/>	
Spouse			<input type="checkbox"/>	
Name of person to whom all information should be addressed, if not the taxpayer				
Street address, city, state, and ZIP				
	Occupation	Daytime Phone	Evening Phone	Cell Phone
Taxpayer				
Spouse				
Taxpayer email				
Spouse email				

Filing status at the end of 2023

☐ Single ☐ Married ☐ Widowed - If widowed and your spouse died after December 31, 2021, enter the date of death _____

☐ Married filing separately - If married but filing separately, did you live apart from your spouse for the last six months of 2023? _____

Yes No

☐ ☐ Are you or your spouse blind?

☐ ☐ Are you or your spouse disabled?

☐ ☐ Are you or your spouse a full-time student?

☐ ☐ Do you or your spouse want to designate \$3 to go to the Presidential Election Campaign Fund?

☐ ☐ At any time during 2023 did you:

(a) receive (as a reward, award, or payment for property or service) a digital asset?

(b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)?

Identification Information

Taxpayer's type of photo ID

☐ Driver's license ☐ State-issued photo ID

Photo ID number _____

State photo ID was issued _____

Date photo ID was issued _____

Date photo ID expires _____

Spouse's type of photo ID

☐ Driver's license ☐ State-issued photo ID

Photo ID number _____

State photo ID was issued _____

Date photo ID was issued _____

Date photo ID expires _____

Account Information for Deposits and Withdrawals

Name of Bank	Bank Routing Number	Bank Account Number	Type of Account		Use this Account for	
			Checking	Savings	Deposits	Withdrawals
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Appointment Information

Your 2023 appointment is scheduled for _____

Dependent and Other Information

Name:

SSN:

Dependent Information

First and Last Name SSN	Has IP PIN	Relationship	Months in Home	Date of Birth	Disabled	Full- time Student	Childcare Expenses
	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	

List dependents required to file a return

Child and Other Dependent Care Expenses

Name of Care Provider	Address	SSN or EIN	Amount Paid

Estimates

	Federal		Resident State		Resident City	
	Date Paid	Amount	Date Paid	Amount	Date Paid	Amount
Overpayment applied from 2022						
First quarter						
Second quarter						
Third quarter						
Fourth quarter						
Additional payments						

Healthcare Coverage Questionnaire

Name:

SSN:

Healthcare Information

Member of Household for Healthcare Purposes	Covered the Entire Year	Covered Less than 12 Months	No Healthcare Coverage at All
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

YES NO

- ☐ ☐
- Did anyone other than you or your spouse pay for healthcare coverage for anyone listed above?
-
- ☐ ☐
- Did you pay for healthcare coverage for anyone not listed above?

If you had coverage for any part of the year:

Where was the policy obtained?

- ☐ Employer
- ☐ Medicare
- ☐ Medicaid
- ☐ Marketplace (Exchange)
- ☐ Other

If you didn't have coverage part or all of the year:

Answer YES if the following applies to any member of the household

- ☐ ☐
- Was your previous insurance policy canceled in 2023?
-
- ☐ ☐
- Was coverage offered by your employer or your spouse's employer?
-
- ☐ ☐
- Are you a member of a federally recognized Indian tribe?
-
- ☐ ☐
- Are you eligible for services through an Indian healthcare provider?
-
- ☐ ☐
- Are you a member of a healthcare sharing ministry?
-
- ☐ ☐
- Did you live in the United States the entire year?
-
- ☐ ☐
- Are you enrolled in TRICARE?
-
- ☐ ☐
- Did you apply for CHIP coverage?
-
- ☐ ☐
- Do any of the following apply to you? Do NOT indicate which one.
- Became homeless
 - Evicted in the past six months, or facing eviction or foreclosure
 - Received a shut-off notice from a utility company
 - Recently experienced domestic violence
 - Recently experienced the death of a close family member
 - Recently experienced a fire, flood, or other natural or human-caused disaster that resulted in substantial damage to your property
 - Filed for bankruptcy in the last six months
 - Incurred unreimbursed medical expenses in the last 24 months that resulted in substantial debt
 - Experienced unexpected increases in essential expenses due to caring for an ill, disabled, or aging family member

Income

Name:SSN:

Wages & Salaries

Provide all copies of Form W-2

TS	Employer Name	2023 Federal Wages

Retirement

Provide all copies of Form 1099-R

TS	Payer Name	2023 Distribution

☐ Yes ☐ No

☐ Yes ☐ No

Did you take a distribution from an IRA and give it to an organization eligible to receive tax-deductible contributions?

Did you use any of the distributions for disaster relief?

Drake Software - Individual Organizer - Copyright 2023

N_INC.LD

[illegible]

N INC5.LD

Income

Name:

SSN:

Dividend Income

Provide all copies of Form 1099-DIV and other statements that report dividend income.

[illegible]

Interest Income

Provide all copies of Form 1099-INT, Form 1099-OID, and other statements that report interest income.

[illegible]

If any interest income listed above is from a seller-financed mortgage, provide the payer's ID number and address

Sale of Capital Assets

Name: _____

SSN:

Sale of Capital Assets (including items not reported on Form 1099-B)

Provide all brokerage statements

[illegible]

Installment Sale Income

TSJ _____ Description of property: _____

Date acquired	Date sold	2023	Prior Years
---------------	-----------	------	-------------

Selling price	_____	
Mortgages assumed	_____	
Cost of property sold	_____	
Depreciation allowed	_____	
Commissions and expense of sale	_____	
Gross profit percentage	_____	
Interest received	_____	
Principal payments received	_____	

Property was sold to a related party ☐

Other Income and Adjustments

Name:

SSN:

Other Income

	2023 Taxpayer	2023 Spouse
Social Security Benefits (attach Forms 1099-SSA)		
Railroad Retirement Benefits (attach Forms 1099-RRB).		
State income tax refund (attach Forms 1099-G)		
Alimony received		
Divorce or separation date _____ Amount _____		
Unemployment compensation (attach Forms 1099-G).		
Unemployment compensation repaid in 2023		
Gambling winnings (attach Forms W2-G)		
Alaska Permanent Fund		
Jury duty pay		
ABLE distributions		
Scholarships or grants not reported on Form W-2		
Other income: _____		

Adjustments

	2023 Taxpayer	2023 Spouse
Educator expenses (If you are an educator, enter the amount you paid for classroom supplies)		
Contributions made to a Health Savings Account (HSA)		
Payments made for Self-Employed Health Insurance for you, your spouse, or dependents		
Alimony paid		
Name _____		
SSN _____ Divorce or separation date _____		
Name _____		
SSN _____ Divorce or separation date _____		
Contributions made to a Self-Employed Pension plan (SEP), SIMPLE, or Solo 401K		
Contributions made to an Individual Retirement Account (IRA)•		
Contributions made to a Roth IRA		
Interest paid on a student loan		
Other adjustments: _____		

Schedule C - Profit or Loss from Business

Name:

SSN:

General Business Information

TS _____ Professional product or service _____ Employer ID number _____

Business name _____

Business address, city, state, ZIP _____

Accounting Method: ☐ Cash ☐ Accrual ☐ Other (specify) _____

☐ This business started or was acquired during 2023.

☐ This business was disposed of during 2023.

Select if this business is for:

☐ Professional gambler

☐ Newspaper delivery and you are under 18 years of age

☐ Exempt Notary income

☐ A clergy

Yes No

☐ ☐ Payments of \$600 or more were paid to an individual, who is not your employee, for services provided for this business.

☐ ☐ If "Yes," did you file Forms 1099 for the individuals?

☐ ☐ Did you receive a Paycheck Protection Program (PPP) loan for this business prior to June 1, 2021?

☐ ☐ If "Yes," was any portion of the loan forgiven in 2023?

Income

2023

2023

Gross receipts or sales _____ Other income _____

Returns & allowances _____

Expenses

2023

2023

Advertising _____ .Repairs & maintenance _____

Car & truck expenses _____ Supplies _____

Commissions & fees _____ Taxes & licenses _____

Contract labor _____ Travel _____

Depletion _____ Total meals _____

Employee benefit programs _____ Utilities _____

Insurance (other than health) _____ Wages _____

Interest - mortgage _____ Family health coverage payments
for taxpayer, spouse or dependents _____

Interest - other _____ Other expenses (list) _____

Legal & professional services _____

Office expenses _____

Pension & profit-sharing plans _____

Rent or lease (vehicles,
machinery, & equipment) _____

Rent (other business property) _____

Cost of Goods Sold

2023

2023

Inventory at beginning of year _____ Materials & supplies _____

Purchases _____ Other costs _____

Cost of personal use items _____ Inventory at end of year _____

Cost of labor _____ ☐ There was a change in inventory method.

Schedule E - Income or Loss from Rental Real Estate & Royalties

Name:

SSN:

General Property Information

TSJ

Property description

Address, city, state, ZIP

Select the property type

☐ Single family residence

☐ Multi-family residence

☐ Vacation / short-term rental

☐ Commercial

☐ Land

☐ Royalties

☐ Self-rental

☐ Other

Number of days property was rented

Number of days property was used for personal use

If the rental is a multi-dwelling unit and you occupied part of the unit, enter the percentage you occupied

☐ This property was placed in service during 2023.

☐ This property was disposed of during 2023.

☐ This property is your main home or second home.

☐ This property was owned as a qualified joint venture.

Yes

No

Payments of \$600 or more were paid to an individual, who is not your employee, for services provided for this rental.

If "Yes," did you file Forms 1099 for the individuals?

Income

2023

2023

Rent income

Royalties from oil, gas, mineral, copyright or patent

Expenses

Rental Unit Expenses

Rental and Homeowner Expenses

Advertising

Auto & travel

Cleaning & maintenance

Commissions

Insurance

Legal & professional fees

Management fees

Mortgage interest

Other interest

Repairs

Supplies

Taxes

Utilities

Depletion

Other expenses

If this Schedule E is for a multi-unit dwelling and you lived in one unit and rented out the other units, use the "Rental and homeowner expenses" column to show expenses that apply to the entire property. Use the "Rental unit expenses" column to show expenses that pertain ONLY to the rental portion of the property.

If the Schedule E is not for a multi-unit property in which you lived in one unit, complete just the "Rental unit expenses" column.

Drake Software - Individual Organizer - Copyright 2023

N_E.LD

Name:

SSN:

Provide all copies of Schedule K-1 and attachments

[illegible]

Schedule F - Profit or Loss from Farming

Name: SSN:

General Information

TS Principal product Employer ID number

Accounting method, if not cash: Accrual

This farm was disposed of during 2023.

Yes No
Payments of \$600 or more were paid to an individual, who is not your employee, for services provided for this farm.
If "Yes," did you file Forms 1099 for the individuals?
Did you receive a Paycheck Protection Program (PPP) loan for this business prior to June 1, 2021?
If "Yes," was any portion of the loan forgiven in 2023?

Income

2023 2023
Sale of livestock / other items
Cost of items bought for resale
Sale of products you raised
Total cooperative distributions (Provide 1099-PATR)
Total agricultural payments
Commodity Credit Corporation (CCC) loans:
CCC loans reported
CCC loans forfeited
Crop insurance proceeds:
Amount received in 2023
You elect to defer to 2024
Amount deferred from 2022
Custom hire income
Beginning inventory for accrual
Ending inventory for accrual
You used unit-livestock-price or farm-price inventory method.
Other income

Expenses

2023 2023
Car & truck expenses
Chemicals
Conservation expenses
Custom hire (machine work)
Employee benefit programs
Feed purchased
Fertilizers & lime
Freight & trucking
Gasoline, fuel, & oil
Insurance (other than health)
Interest - mortgage (paid to banks, etc.)
Interest - other
Non-W-2 labor hired
W-2 wages paid
Pension & profit-sharing plans
Rent - vehicles, machinery, & equipment.
Rent - other (land, animals, etc.)
Repairs & maintenance
Seeds & plants purchased
Storage & warehousing
Supplies purchased
Taxes
Utilities
Veterinary, breeding, & medicine
Family health coverage payments for taxpayer, spouse or dependents
Other expenses

Form 4835 - Farm Rental Income and Expenses

Name:

SSN:

General Information

TSJ Employer ID Number

Description

☐ This farm was disposed of during 2023

Income

	2023	2023
Income from production of livestock, produce, grains, & other crops.		Crop insurance proceeds:
Total cooperative distributions.		Amount received in 2023
Total agricultural payments		<input type="checkbox"/> You elect to defer to 2024
Commodity Credit Corporation (CCC) loans:		Amount deferred from 2022
CCC loans reported		Other income
CCC loans forfeited		

Expenses

	2023	2023
Car & truck expenses		Seeds & plants purchased
Chemicals		Storage & warehousing
Conservation expenses		Supplies purchased
Custom hire (machine work)		Taxes
Employee benefit programs		Utilities
Feed purchased		Veterinary, breeding, & medicine
Fertilizers & lime		Other expenses (list)
Freight & trucking		
Gasoline, fuel, & oil		
Insurance (other than health)		
Interest - mortgage (paid to banks, etc.)		
Interest - other		
Labor hired (less jobs credit)		
Pension & profit-sharing plans		
Rent - vehicles, machinery & equipment		
Rent - other (land, animals, etc.)		
Repairs & maintenance		

Expenses Related to Business

Name: SSN:

Auto Expense

Name of business vehicle is used for

Description of vehicle Date vehicle was placed in service

Yes No Was this vehicle available for use during off-duty hours? Yes No Do you have evidence to support your deduction?
Was another vehicle available for personal use? If "Yes," is the evidence written?

Mileage

Number of miles the vehicle was driven during 2023

Business Other
Commuting

Expenses

Garage rent Repairs
Gas Tires
Insurance Tolls
Licenses Lease addback
Oil Other expenses
Parking fees
Rental fees
Interest
Property tax

Business Use of Home

Name of business home is used for

What is the total square footage of your home that was used regularly and exclusively for business?

What is the total square footage of your home?

For daycare facilities not used exclusively for business, complete the following questions

How many days during the year was the area used?
How many hours per day was the area used?
The daycare facility was in operation for the entire year

Expenses Office expenses Home expenses
Mortgage interest
Real estate taxes
Excess mortgage interest
Excess real estate taxes
Insurance
Rent
Repairs & maintenance
Utilities
Other expenses

In the "Office expenses" column, enter those expenses that pertain exclusively to your office; in the "Home expenses" column, enter those expenses that pertain to the entire dwelling.

Household Employment

Name:

SSN:

TSJ

Employer Identification Number

Yes

No

Did you pay any one household employee cash wages of \$2,600 or more in 2023?

Did you withhold federal income tax during 2023 for any household employee?

Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2022 or 2023 to all household employees?

Did you pay unemployment contributions to only one state?

Did you pay all state unemployment contributions for 2023 by April 15, 2024?

Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?

2023

Total cash wages subject to Social Security tax

Total cash wages subject to Medicare tax

Total cash wages subject to Additional Medicare tax withholding

Federal income tax withheld.

Qualified sick leave wages

Qualified family leave wages

Qualified health plan expenses

TSJ

Employer Identification Number

Yes

No

Did you pay any one household employee cash wages of \$2,600 or more in 2023?

Did you withhold federal income tax during 2023 for any household employee?

Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2022 or 2023 to all household employees?

Did you pay unemployment contributions to only one state?

Did you pay all state unemployment contributions for 2023 by April 15, 2024?

Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?

2023

Total cash wages subject to Social Security tax

Total cash wages subject to Medicare tax

Total cash wages subject to Additional Medicare tax withholding

Federal income tax withheld.

Qualified sick leave wages

Qualified family leave wages

Qualified health plan expenses

Schedule A - Itemized Deductions

Name:

SSN:

Medical and Dental Expenses

Health insurance premiums
(paid by you, not through work)

Amount above that is for Medicare premiums

Long-term care premiums (you)

Long-term care premiums (your spouse)

Long-term care premiums (dependents)

Mileage driven for medical purposes

Out of pocket medical & dental expenses

Doctor, dental, etc.

Prescription medicines

Glasses & contacts

Hearing aids

Medical equipment & supplies

Hospital services

Laboratory services

Nursing services

Other _____

Other _____

Taxes Paid

State and local income taxes

General sales tax (vehicle, boat, home, etc.)

Real estate taxes

Personal property taxes

Auto registration taxes not
deductible for state

Other taxes (list) _____

Interest Paid

Home mortgage interest paid (attach Form 1098)

☐ Some of your home mortgage loan was not
used to buy, build, or improve your home.

Home mortgage interest paid to an individual

Paid to:

Name _____

Address _____

City, State, ZIP _____

SSN or EIN _____

Points not reported on Form 1098

Investment interest

Charitable Contributions

Donations to charity	Cash	Noncash	Amount
Church	<input type="checkbox"/>	<input type="checkbox"/>	_____
Boy or Girl Scouts	<input type="checkbox"/>	<input type="checkbox"/>	_____
Goodwill	<input type="checkbox"/>	<input type="checkbox"/>	_____
Red Cross	<input type="checkbox"/>	<input type="checkbox"/>	_____
Salvation Army	<input type="checkbox"/>	<input type="checkbox"/>	_____
United Way	<input type="checkbox"/>	<input type="checkbox"/>	_____
Veterans	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hospital	<input type="checkbox"/>	<input type="checkbox"/>	_____
University	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	_____

Miles driven for charitable purposes

Other Miscellaneous Deductions

Amortizable bond premiums

Federal estate tax

Gambling losses

Impairment-related work expenses

Claim repayments

Unrecovered pension investments

Loss from other activities from Schedule K-1

Ordinary loss debt instrument

Excess deduction on termination

Job Expenses & Certain Miscellaneous Deductions

Necessary job expenses you paid that were not reimbursed by your employer

Safety equipment, tools, & supplies

Uniforms

Protective clothing (shoes, hardhats, glasses, etc.) _____

Dues to professional organizations

Books & subscriptions

Other _____

Union dues

Tax preparation fees

Other nonpersonal expenses related to taxable income

Safe deposit box fees

Investment expenses not entered elsewhere

Other _____

Home equity interest

Other Information

Name:

SSN:

Mortgage Interest

Provide all copies of Form 1098

TSJ	Lender's Name	Mortgage Interest Received	Mortgage Insurance Premiums	Real Estate Taxes Paid

Employee Business Expenses

TS

Select if you are:

☐ A qualified performing artist

☐ A fee-based state or local government official

☐ A disabled employee with impairment-related work expenses

☐ An Armed Forces reservist

☐ You are a member of the clergy

Select if you:

☐ Used your personal vehicle for your job during 2023

	NOT reimbursed by your employer	Reimbursed by your employer not included in box 1 of your W-2
Parking fees, tolls, local transportation		
Meals		
Overnight business travel expenses (Do not include meals & entertainment)		
Other business expenses		

Casualties and Thefts

TSJ	FEMA code	TSJ	FEMA code
Property description		Property description	
Property location		Property location	
Date property was acquired		Date property was acquired	
Date property was damaged or stolen		Date property was damaged or stolen	
Cost of property damaged or stolen		Cost of property damaged or stolen	
Fair market value before incident		Fair market value before incident	
Fair market value after incident		Fair market value after incident	
Insurance reimbursement		Insurance reimbursement	

Other Information

Name:

SSN:

Health Savings Account

TS _____

The taxpayer's coverage is under a high-deductible health plan for:

☐ Taxpayer only ☐ Family

2023

HSA contributions made for 2023

Total distributions from all HSAs during 2023.

Distributions included above that were rolled over into another account

Qualified medical expenses paid using HSA distributions.

Education Expenses

Provide all copies of Form 1098-T

Student name _____

Student name _____

Type of Expense	Amount	Type of Expense	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Student name _____

Student name _____

Type of Expense	Amount	Type of Expense	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Job-related Moving Expenses

TSJ _____

☐ Select this box and complete the fields below if you are a member of the Armed Forces on active duty, and moved due to a military order for a permanent change of station.

2023

Number of miles from old home to old workplace.

Number of miles from old home to new workplace

Expenses to transport and store household goods and personal effects

Travel and lodging expenses while traveling to your new home

Drake Software - Individual Organizer - Copyright 2023

N_OTHER2.LD